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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/882505-Conf. #8352	
	Filing Date	June 15, 2001	
	First Named Inventor	Mark L. NELSON	
	Art Unit	1616	
	Examiner Name	B. Badio	
Total Number of Pages in This Submission	3	Attorney Docket Number	PKZ-057

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	LAHIVE & COCKFIELD, LLP Cynthia M. Soroos - 53,623
Signature	
Date	April 5, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 378 817 736 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: April 5, 2004	Signature: (Cynthia M. Soroos)



FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known	
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		Examiner Name	B. Badio
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1616
TOTAL AMOUNT OF PAYMENT (\$) 2,010.00		Attorney Docket No.	PKZ-057

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																																													
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The Director is authorized to: (check all that apply)																																															
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1. BASIC FILING FEE																																															
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>2001</td><td>770</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>2002</td><td>340</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>2003</td><td>530</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>2004</td><td>770</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>2005</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>0.00</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	2001	770	385	Utility filing fee		1002	2002	340	170	Design filing fee		1003	2003	530	265	Plant filing fee		1004	2004	770	385	Reissue filing fee		1005	2005	160	80	Provisional filing fee		SUBTOTAL (1)					0.00				
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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Cynthia M. Soroos	Registration No. (Attorney/Agent)	53,623
Signature		Telephone	(617) 227-7400
		Date	April 5, 2004

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